

2/13/

FILED
May 01, 2002 8:00 am
Secretary of State

02-13-2002 90235 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085842

1. Entity Name

PETER HERMAN CARPENTRY, INC.

Principal Place of Business

3252 RICKY DRIVE
JACKSONVILLE FL 32223

Mailing Address

Peter M. Herman
P.O. box 7576
Jacksonville, FL 32238-0576

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3686924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Herman, Peter M.
5515 W. 118th St. #134
Jacksonville FL 32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible

- Tax filing requirement and elects to do so.
- (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. PD

D DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
HORMAN, PETER
3252 RICKY DRIVE
JACKSONVILLE FL 32223☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPHerman, Peter M.
5515 W. 118th St. #134
Jacksonville FL 32244☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter M. Herman 01/28/02 904-463-7205
Peter M. Herman 03/19/02
Peter M. Herman 04/18/02

CR2004 (9/01)